

## SUBORDINATE FINANCING MORTGAGE SUBMISSION VOUCHER PURCHASE SUBMITTAL AND LENDER CERTIFICATION

Sacramento, CA 95853-3819. The Loan Servicing Customer Servicer number is (800) 669-1079.  E. CHFA should be named as the loss payee and the notification to the insurance company should include a statement that future premium notices should be sent to CHFA, 1121 Street, Suite 103, Sacramento, CA 95814.  (Signature of Authorized Representative) (Date)	LENDER NAME:					LENDER LOAN NO.			
SHIPPER CONTACT: PHONE: FAX:  CHFA MANIFEST NUMBER: PROGRAM NAME:  (Last) (First) (Initial)  NEW PROPERTY ADDRESS: (If different from property address, i.e. P.O. Box, route, etc.)  BORROWER'S MAILING ADDRESS:  PRINCIPAL LOAN AMOUNT: S CURRENT UNPAID BALANCE: S  REQUIRED DOCUMENTS FOR PURCHASE  1. SUBORDINATE FINANCING MSV: PURCHASE SUBMITTAL AND LENDER CERTIFICATION (THIS FORM) 2. ORIGINAL PROMISSORY NOTE WITH ALL APPLICABLE ADDENDA/RIDERS ENDORSED OVER TO THE CALIFORNIA HOUSING FINANCE AGENCY 3. HUD I SETTLEMENT STATEMENT 4. TITLE COMPANY OR LENDER CERTIFIED COPY OF THE FULLY EXECUTED SUBORDINATE FINANCING DEED OF TRUST 5. TITLE COMPANY OR LENDER CERTIFIED COPY OF THE FULLY EXECUTED SUBORDINATE FINANCING ASSIGNMENT(S) OF THE DEED OF TRUST OT THE AGENCY 6. TITLE COMPANY OR LENDER CERTIFIED COPY OF REQUESTFOR NOTICE OF DEFAULT (on first mortgage) 7. TITLE FORM SERVICED RELEASED I LOANS TO CHFA ONLY  If the loan is to be serviced-released to CHFA upon purchases, please refer to the following Service-Release Procedures:  A. Eventhough CHFA will purchase aloan based only on the receipt of an executed Note, the loan file must contain the following teams, in addition to the Note:  1. HUD I, Settlement Statement; the recorded Deed of Trust and Corporation Assignment; and the Title Insurance Policy reflecting the California Housing Finance Agency as the insured.  B. Donot set the loans upon at ax service contract. CHFA will setup the tax service contract after the loan is purchased.  C. Payments received by the originating lender should be forwarded to CHFA immediately. Lenders should be include a history of the account showing the transaction.  D. The "Goodbyel Letter" should be mailed to the borrower upon lender receiving funds from CHFA. The lenter should binchade CHFA's payment processing address of P.O. Box 1381 Sacramento, CA95831-3819. The Loan Servicing Clustomer Service contract company should include a statement that future premium notices should be sent to CHFA, 1121 Street, State 103, Sacramento, CA95814.					MERS "MIN"	#:			
CHFA MANIFEST NUMBER: PROGRAM NAME:    CO-BORROWER: (Last) (First) (Initial)	SH	IPPING OFFICE	ADDRESS	<u> </u>		(7 Digit)	(10	) Digit)	(Check Digit)
BORROWER: (Last) (First) (Initial) (Last) (East) (First) (Initial)  NEW PROPERTY ADDRESS: (If different from property address, i.e. P.O. Box , route, etc.)  BORROWER'S MAILING ADDRESS: (If different from property address, i.e. P.O. Box , route, etc.)  BORROWER'S MAILING ADDRESS: (If different from property address, i.e. P.O. Box , route, etc.)  PRINCIPAL LOAN AMOUNT: \$ (CURRENT UNPAID BALANCE: \$ (PRINCIPAL LOAN AMOUNT: \$ (CURRENT UNPAID BALANCE: \$ (	SHIPPER CONTACT: P					E:	FAX:		
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